

Washington Health Foundation Community RoundTables Mid-Project Briefing #2



Report Date:	5/5/03
Number of Community RoundTables held to date:	17 of 43
Average attendance per meeting:	48

Participation Methodology:

The Community RoundTables are promoted via a two complementary, yet different systems. The first is the statewide partnerships and participating organizations. The following organizations have committed to encouraging their local members to attend Community RoundTables in their area:

- AARP Washington
- Area Health Education Center at WSU Spokane
- Association of Washington Business
- Association of Washington Public Hospital Districts
- Children's Alliance
- Home Care Association of Washington
- League of Women Voters of Washington
- Washington Academy of Family Physicians
- Washington Association of Health Underwriters
- Washington Citizen Action
- Washington Health Foundation
- Washington Rural Health Association
- Washington State Medical Association
- Washington State Nurses Association
- Washington State Hospital Association
- Washington State Public Health Association
- Western Washington Area Health Education Center

Each meeting is organized by a group of local community leaders who promote the meeting in a community appropriate fashion. This dual communication method ensures a broad level of participation in each community RoundTable meeting.



Evaluation Methodology:

The meetings are evaluated based upon the 5 data points that we compile from each meeting:

- 1) The Attendance Sheet which includes company/affiliation information.
- 2) The Discussion Worksheets that the attendees complete individually.
- 3) The Table Leader reports compiled for each table discussion.
- 4) The Room Discussion notes captured on a whiteboard/easel pad by the facilitator
- 5) Facilitator Observations captured on audio tape after the meeting is completed

This information is entered into a database for comparison and contrasting as the framework is developed for the evaluation and report.

Discussion Trends

We have conducted just over a third of the CRT's as of today's report. Early trends have been strengthening and new trends seem to be developing. These trends are primarily the result of the facilitator's observations rather than third-party evaluation. At the culmination of the Community RoundTables process, we will be able to analyze the totality of the information gathered and better identify similarities and difference among communities in Washington.

These trends, identified in the prior mid-project briefing have remained consistent throughout the additional meetings conducted.

Shared Responsibility

The most easily identifiable theme to date might be characterized as an explicit desire for shared responsibility. Attendees have cited this desire when talking about the current problems with the health care system, with approaches to "fix" the system, and with the desired state of the system once it has been fixed. The following are examples of common comments made during the completed Community RoundTables:

"The people in charge all need to sit down together and work this out."

"It takes a village to have good health"

Community Leadership

Another very common theme is a desire for community-level leadership for health system solutions. At each CRT to date, there has been strong support for community collaboration. This is often cast in terms of asking state and federal decision-makers to give local leadership the resources to solve problems and then to be “left alone”. For example:

”If they left us all alone, we’d be able to develop a consensus that works for us.”

“We know what our resources are. They don’t.”

Efficiency

There have been comments supporting and opposing “single-payer” and/or Canadian style health plans. Common to both positions is a desire for increased efficiency in the way that our health care system functions. For example:

“We need to reduce regulation to reduce the amount of paperwork that Doctors have to fill out.”

“If we had a single payer plan, doctors would be able to spend less time on insurance paperwork, and more time seeing patients”.

“Our health care system is way too complicated.”

The following trends have been identified since the original mid-project briefing.

Health vs. Health Care

While health care is seen as a shared responsibility, health is often referred to as a result of individual choices and requiring individual action.

“People should exercise more and eat better if they want to be healthy”

“If you smoke, taxpayers shouldn’t have to pay for it when you get cancer.”

Education and Prevention

People tend to equate education of “consumers” with prevention of disease. The two are very often linked in responses to questions about health.

“We have to start educating kids when they’re still in school so they will prevent diseases in the first place”

“Unless we do a better job educating people, we can’t expect them to be any healthier”

Strength of Desire for Change

Due to standard “selection” issues, we anticipated that the people who attend a community RoundTable meeting would be inclined to want changes to the health care system. The trend here is in the intensity of that desire. In many meetings, multiple people have expressed a desire for “leaders” to effect a change in the system coupled with an “or else” attitude.

“Our legislators better stay in session and fix this problem or we ought to impeach ‘em all”

“Get a rope”

